	+ + · ·			
Submit 3 Copies To Appropriate District Office	State of New Mexico			Form C-103
District I	Energy, Minerals and Natural Resources		WELL ADINO	Revised March 25, 1999
1625 N. French Dr., Hobbs, NM 88240 District II			WELL API NO. 30-025-06069	
1301 W. Grand Ave., Artesia, NM 88210	OIL CONSERVATION DIVISION		5. Indicate Type of Lease	
District III 1000 Rio Brazos Rd., Aztec, NM 87410	1220 South St. Francis Dr.		STATE FEE X	
District IV 1220 S. St. Francis Dr., Santa Fe, NM 87505	Santa Fe, NM 87505		6. State Oil & Gas Lease No.	
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.) 1. Type of Well: Oil Well Gas Well X Other Shut in			7. Lease Name or Unit Agreement Name: Skaggs Grayburg Unit	
2. Name of Operator				
2. Name of Operator Burgundy Oil & Gas of New Mexico, Inc. 8. Well No. 3				
3. Address of Operator			9. Pool name or Wildcat	
401 W. Texas, Suite 1003, Midland, Texas 79701			Skaggs Grayburg	
4. Well Location				
Unit Letter I: 660 f	eet from the <u>East</u> line and <u>1</u>	980 feet from the	he <u>South</u> line	
Section 12	Township 20S R	Range 37E	NMPM	Lea County
4867 (1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	10. Elevation (Show whether DR,	, RKB, RT, GR, etc	.)	
11 01 1	3566' KB	CNI	2.1	
	ppropriate Box to Indicate Na			
NOTICE OF IN' PERFORM REMEDIAL WORK		SUB:	SEQUENT RE	EPORT OF: ALTERING CASING ☐
PERFORM REMEDIAL WORK	PLOG AND ABANDON []	REMEDIAL WOR	`	ALTERING CASING [
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRI	LLING OPNS.	PLUG AND
PULL OR ALTER CASING	MULTIPLE	ABANDONMENT CASING TEST AND		
	 1	CEMENT JOB		
OTHER:		OTHER: Reque	st 5 yr TA Status	
12. Describe proposed or completed	operations. (Clearly state all pertin	nent details, and give	e pertinent dates,	including estimated date of
	E RULE 1103. For Multiple Compl			
•				
9-4-02 Pate Trucking ran	20° MTT Demont 5 on TA States			
9-4-02 Pate Trucking ran 30" MIT – Request 5 yr TA Status pending further use as an injector.				
	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	Tempara	. /	
	Sugar Coment Light	Temporary es//	/21/07	
	/ '	a second de de	121/0/	
				radinari Silar
I hereby certify that the information a	bove is true and complete to the bes	st of my knowledge	and belief.	1 10 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
Ko TI				
SIGNATURE Den lay lov TITLE Production Manager DATE 11/15/2002				DATE 11/15/2002
Type or print name Ben Taylor			Telep	hone No. 915-684-4033
(This space for State use)	09/08/ALGOM	fetour egize		
APPPROVED BY	GARYTIYLE IS A			DATE MOV 9 9 2002
Conditions of approval, if any: OC FIELD REPRESENTATIVE II/STAFF MANAGER NUV 2 2 Z				-DATE NOV 2 2 2002